

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 USC § 1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF OREGON**

CP

07-6251-HA

**CASE NO.**

**I. Parties**

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: Korey Joe Conway  
ADC # \_\_\_\_\_  
Address: 1115 Jackson ST SE ALBANY OR 97322  
Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_  
Address: \_\_\_\_\_

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: Nurse Marlyn  
① Position: R.N.  
Place of employment: Linn Co. Jail  
Address: 1115 Jackson ST SE ALBANY OR 97322  
— Name of defendant: Nurse Echsteen  
② Position: R.N.  
Place of employment: Linn Co. Jail  
Address: 1115 Jackson ST SE ALBANY OR 97322  
— Name of defendant: Nurse Robbin  
③ Position: R.N.  
Place of employment: Linn Co. Jail  
Address: 1115 Jackson ST SE ALBANY OR 97322

II Are you suing the defendants in.

- ☒ official capacity only  
☐ personal capacity only  
☒ both official and personal capacity

III. Previous lawsuits

A Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes / ☒ No

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

G Parties to the previous lawsuit:

Plaintiffs: \_\_\_\_\_  
 \_\_\_\_\_

Defendants: \_\_\_\_\_

G. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

G Docket Number: \_\_\_\_\_

G Name of judge to whom case was assigned: \_\_\_\_\_

G Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

G Approximate date of filing lawsuit: \_\_\_\_\_

G Approximate date of disposition: \_\_\_\_\_

IV Place of present confinement: Linn County Jail, 1115 Jackson St SE Albany or 97322

V. At the time of the alleged incident(s), were you: (check appropriate blank)

- ☒ in jail and still awaiting trial on pending criminal charges  
☐ serving a sentence as a result of a judgment of conviction  
☐ in jail for other reasons (e.g., alleged probation violation, etc.)  
 explain: \_\_\_\_\_

VI. There is a prisoner grievance procedure in the Linn County Jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the <sup>Linn Co</sup> state prisoner grievance procedure?

☒ Yes / ☐ No

## ADDITIONAL DEFENDENTS

name of Defendant DR. TILLY

position DR.

④

place of employment Linn Co. Jail

Address 1115 JACKSON ST SE ALBANY OR 97322

name of Defendant CPT. BAGGET

position CPT.

⑤

place of employment Linn Co. Jail

Address 1115 JACKSON ST SE ALBANY OR 97322

name of Defendant TIM MUELLER

position SHERIFF

⑥

place of employment Linn Co. Jail

Address 1115 JACKSON ST SE ALBANY OR 97322

- B. If your answer is YES, attach copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.
- C. If your answer is NO, explain why not: \_\_\_\_\_

## VII Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

FACT OF this claim is; Linn Co. jail nursing staff, Dr. Tilly ~~and~~ jail commander CPT. Baggett, and The Sheriff Tim Mueller are in fact Denying me medical Treatment For my Liver Dises (chronic Hep. C) causing more physical injury to my Liver with each passing Day

## VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to award me \$15,000 plus \$500.00 per Day per Def for each Day of none medical treatment, Then please impose a policy to Linn County Sheriff and medical staff that they ~~can~~ follow to insure treatment for inmates who have Hep. C - and most importantly; Begin immediate Biopsy and treatment for my Liver Dises

I declare under penalty of perjury (18 USC § 1621) that the foregoing is true and correct.

Executed on this 23 day of August, 2007.

Theray Conway

Signature(s) of plaintiff(s)

# Inmate Grievance Form

Date/Time received by Deputy: 7/15/07 @ 2250

Receiving Deputy: Sgt. Singer

An inmate may file a grievance if the inmate believes that he/she has been subject to abuse, harassment, abridgement of civil rights or denied privileges specified in the "Inmate Handbook". A formal written grievance will only be accepted if an attempt was made to resolve the situation at the lowest level. Persons cannot be grieved, only incidents.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location: L.C.J.

Names of Staff Involved: Nursing Staff / Dr. Tilley

Witnesses, if applicable: \_\_\_\_\_

Clearly Stated Facts of Incident:

I am Being Denied  
medical treatment for my Liver  
Dieses Hep. C which is a very  
serious matter. The Nursing staff  
and Dr. Tilley, work under the  
Sheriff, and the Jail Commander.  
The Nursing staff and Dr. Tilley have  
Directly Denied treatment, to me

Inmates Printed Name: Korey Conway Inmates Signature: Korey Conway

Receiving Supervisors Name: Sgt. Singer Assigned #: 07-0029

Forwarded To: Sgt. Singer Date: 7/16/07

G147

To: Inmate Korey Conway  
Date: July 16,2007  
Re: Inmate Grievances #07-0028/29  
Fr: Captain Baggett

Mr Conway,

I have reviewed your comments and find no merit to them. You are receiving medical care and medications that you refuse to take. You have also talked with Dr Nelson regarding you mental health concerns.

I would suggest that you cooperate with our course of treatment for issues you tell us you have.

To: Inmate Korey Conway  
Date: July 16, 2007  
Re: Inmate Grievances #07-0030/31  
Fr: Captain Larsen

Below you will find the response given by Captain Baggett to your other grievance's that deal with the same issues. I have also checked on your grievance and find that they have no merit.

Captain Larsen

Mr Conway,

I have reviewed your comments and find no merit to them. You are receiving medical care and medications that you refuse to take. You have also talked with Dr Nelson regarding you mental health concerns.

I would suggest that you cooperate with our course of treatment for issues you tell us you have.

*I Recieved this on 7-31-07  
in response to kyles to  
CPT Baggett / Sheriff Mueller  
Daters 7-24-07/25*

## Inmate Grievance Form

Date/Time received by Deputy: 7/15/07 @ 2230

Receiving Deputy: Sgt. Singer

An inmate may file a grievance if the inmate believes that he/she has been subject to abuse, harassment, abridgement of civil rights or denied privileges specified in the "Inmate Handbook". A formal written grievance will only be accepted if an attempt was made to resolve the situation at the lowest level. Persons cannot be grieved, only incidents.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location: LCJ

Names of Staff Involved: unknown, all who handle mail & HRO

Witnesses, if applicable: \_\_\_\_\_

**Clearly Stated Facts of Incident:**

I am continuously being kept on level 1 HRO status. This level says I can't have visits, to be kept on this level keeps me from contact with loved ones and witnesses in my behalf to help me defend my case. I believe staff in their personal capacity are purposely keeping me on this level. Also the mail violation report is another tool staff are using to keep me from loved ones and my witnesses. I believe staff are using these disciplinary actions against me in their personal capacity as a tool to keep me away from the people I need to stay in contact with and my loved ones. I'm being denied visits and mail, but under the RUSE of HRO status and mail rule violation. I never see the rights or by what staff and I never get to see the mail to be sure it was a mail violation.

Inmates Printed Name: Korey Conway

Inmates Signature: Korey Conway

Receiving Supervisors Name: Sgt. Singer

Assigned #: 070027

Forwarded To: Cor. Baggett Date: 7/16/07

*Note, I received this with Kyle 8-23-07 from Daniels. R: First KYTE to Bishop on answered by Daniels*



Date/Time Received:

Receiving Officer:

## LINN COUNTY INMATE REQUEST FORM

Date:

6-28-07

REQUEST: years ago I had a Blood Draw here at LCI, this Blood Draw was passive for Hep. C, could I please get a copy of the results of that test. it is very important as I believe I'm now in between stage 3-4 serosions. Please help me in this matter. and could I get a information packet on HRC and all the stages specially stage 4

Print Name: Korey Conway Block & Cell No. J 1147 Signed: Korey Conway

REPLY:

and possible treatments.

If you are ill - the nurses would need to examine you - then refer you on to see the Dr. - No do not treat Hep C while in custody - It requires a liver biopsy 1st. this is also not done while in custody at the county level.

Date/Time Returned:

6/28/07

Signed:

Deborah M

Date/Time Received:

Receiving-Officer:

## LINN COUNTY INMATE REQUEST FORM

Date:

6-29-07

## REQUEST:

Can you please get me a copy of the results of a blood draw I took some years back — it said I tested positive for Hep. C I need a copy

Korey Givens

Block &amp; Cell No.

9, 147

Signed:

Korey Givens

## REPLY:

Your records in medical at Linn Co. Jail may be obtained through your attorney —  
If you require testing, you can have it done at the County Health Dept. on your release.

Date/Time Returned:

6/29/07

Signed:

John Stein

Receiving Officer:

## LINN COUNTY INMATE REQUEST FORM

Date: 7-11-07

REQUEST: I DID NOT RECIEVE A REPLY YET ON THE QUESTION I ASKED THE DOCTOR. IF A PERSON WITH HEP C REACHES STAGE 4 (THE END STAGE) IS THERE ANY WAY TO STOP LIVER FAILURE OTHER THAN A TRANSPLANT? ALSO IS IT WISE TO GET BIOPSY AFTER 15/20 YEARS WITH HEP C?

Block &amp; Cell No.

9, 147

Signed:

Kerry Conway

REPLY:

- ① END STAGE LIVER DISEASE WOULD REQUIRE BIOPSY CONFIRMATION AND TRANSPLANT. WE WON'T BE DOING THIS FOR YOU - YOU CAN DO IT AFTER RELEASE.
- ② YES IT IS WISE TO GET A BIOPSY DONE AFTER 15-20 YEARS OF HEP. C. - AGAIN THIS WOULD BE YOUR RESPONSIBILITY UPON RELEASE - WE DON'T DO THESE.

Date/Time Returned:

7/26/07

Signed:

[Signature]



Date/Time Received:

Receiving Officer:

## LINN COUNTY INMATE REQUEST FORM

Date:

7.12.07

REQUEST:

Can I please get treatment/Biopsy  
 For my Liver Disease (HEP C) ? it is a  
 Disease that will cause Liver Failure if not monitored and treated  
 I'm Right at the 20 Year mark. Please help

Block &amp; Cell No.

9, 147

Signed:

Kary Conner

REPLY:

Refer to the Note from Dr. Tilley which was  
 given to you yesterday. Regarding an answer  
 to this request

Date/Time Returned:

7.12.07

Signed:

Jung

Jail Commander CPT Baggett  
LINN COUNTY INMATE REQUEST FORMPLEASE  
ASAP

Date:

7-24-07

REQUEST:

What has happend to my grievance appeal? it has Been 7 Days. In the hand Book it Says it will Be answered in 48 hours. I have fallowed the hand Book Procecdurs and exausted my Remmedys to no avail. I CAN not get a Responce of my appeal and it is not a carbin copie application, where is my proof

Block &amp; Cell No.

9 / 147

Signed:

Kerry Conroy

I HOPE THIS IS WHAT YOU  
NEED.

LOOKS LIKE YOU MAY HAVE ALREADY  
RECEIVED THIS

Date/Time Returned:

7-31-07

Signed:

[Signature]

Received: 7-25-07  
Inmate No: 535

LINN COUNTY INMATE REQUEST FORM

Date: 7-25-07

REQUEST: Why have I not received a response to my appeals regarding grievances #07-0028 and 29? I gave these appeals to Deputy Finn, Sgt Eskley on 7-17-07 - your rules in regards to this procedure states that I will get a response in 48 hours for an appeal - I believe

Block & Cell No.

Signed:

in your facility/corpusity you are trying maliciously to prevent me from exhausting my remedies to prevent further progress in my claim. "note" appeal application is not carbon copy so I have no proof and I can't get you to reply to my kyles 95 this is the second one

Date/Time Returned: 7-31-07	Signed:
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Date/Time Received:

Receiving Officer:

## LINN COUNTY INMATE REQUEST FORM

Date: 7-31-07

REQUEST:

I need to know what are the #'s  
given to my grievance appeal forms filed  
on 7-17-07.

Can I get some hair tie's? 2 Please!!

Block &amp; Cell No.

9, 147

Signed:

Thy Conway

Here are all the #'s of the grievances you  
have written 07-0027, 07-0028, 07-0029, 07-0030  
+ 07-0031. As for the hair tie, you buy those  
off commissary.

Date/Time Returned:

8-1-07

Signed:

Shepard

Date/Time Received: 8/1/07

Receiving Officer: [Signature]

## LINN COUNTY INMATE REQUEST FORM

Date: 8-1-07

REQUEST: On 7-15-07 I Filed 2 grievances, CPT. Boggett answered these grievances labeling them #07-0028 & 29 on 7-16-07. On 7-17-07 I Filed a grievance appeal which was picked up by Dpt. Finn and Filed by Sgt. Eskly, in the hand Book it says these appeals will be answered within 48 hours. I have wrote numerous letters trying to get a response in regards to why have I not gotten word back on my appeal. Sgt I can not move forward in my claim unless you can show I have exhausted the grievance/grievance appeal process. That grievance appeal application is not carbon copy so I have no proof that I exhausted the process. [Signature]

Block &amp; Cell No. 9 7149

Signed: [Signature]

I am confused about how to continue this process. I have personal copies of Directly and misused. I am trying to continue my claim. This is my Direct appeal in regards to grievance 07-0028 and 07-0029 as they have not been resolved. Reason I am still on grievance #07-0029 not receiving medical treatment for my liver disease and in regards to grievance #07-0028 I am still not getting my medication. The medication this doctor prescribed has no effect on my sinusitis. Both of these grievances and appeal are emergencies due to possible harm — this direct appeal was received by and sealed in envelope by Dpt. [Signature]

Date/Time Returned: \_\_\_\_\_

Signed: \_\_\_\_\_

COPIE PINK INMATE



Date/Time Received:

Receiving Officer:

535

## LINN COUNTY INMATE REQUEST FORM

Date:

8-1-07

REQUEST: Why have I not yet received a response to my GRIEVANCE APPEAL FILED ON 7-17-07, RECEIVED BY DPT FIRM, FILED BY SGT ESKLY? This is my fourth attempt to try and get a straight answer about my APPEAL

Print Name:

Koray Conway

Block &amp; Cell No.

9, 147

Signed:

Koray Conway

REPLY:

YOU HAVE RECEIVED A RESPONSE, I MADE 2 COPIES FOR YOU ON 7-31-07. YOUR NEXT APPEAL WOULD BE TO THE SHERIFF.

Date/Time Returned:

8-1-07

Signed:

[Signature]

Date/Time Received: 12/2/07

Receiving Officer: 635

## LINN COUNTY INMATE REQUEST FORM

Date: 8.1.07

## REQUEST:

Could you please look in my hard file  
and find grievances 07-0030/31 there should  
not be grievance's 30/31 only 28/29 if they  
are not there please erase those # 30/31 or find  
what happened to the appeals 12/29 Thank you

Print Name:

Haley Conwell

Block &amp; Cell No.

9 / 147

Signed:

Haley Conwell

REPLY:

Date/Time Returned:

/ Signed:

ENCLOSURE DATE REQUEST FORM

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SUPERVISOR

Date/Time Received:

Receiving Officer: JV

## LINN COUNTY INMATE REQUEST FORM

Date:

8-22-07

REQUEST: Can some one please give me the  
Date and times that my grievances and  
 grievance APPEALS was PICK<sup>UP</sup> BY WHO, all  
 the way the the last grievance APPEAL and  
 hits there ~~is~~

Print Name:

Korey Conner

Block &amp; Cell No.

9 1147

Signed:

Korey Conner

REPLY:

Date/Time Returned: \_\_\_\_\_ /

Signed: \_\_\_\_\_

Date/Time Received:

Receiving Officer:

## LINN COUNTY INMATE REQUEST FORM

Date:

8-22-07

REQUEST: COULD you please give me DATES, Dates and # of my grievance and grievance appeals including this last appeal to the Sheriff. it would be very helpful. Thank you

Print Name:

Karey Conway

Block &amp; Cell No.

9, 147

Signed:

Karey Conway

REPLY:

Mr. Conway you should have all the Documents from your Grievance Forms. When a Grievance is filed the Inmate is given a copy of that Grievance with Date and time. It is not the Deputies or the Sheriff's office Responsibilities to keep track of your paper work that you already been given

Date/Time Returned:

8/23/07

0900 Hrs

Signed:

Sgt. Dennis



Date/Time Received:

Receiving Officer:

515

LINN COUNTY INMATE REQUEST FORM

Date:

8-23-07

REQUEST:

For your information Mr. Daniels

The Grievance Appeal is not carbon copie and I do not have a copie, although I have filed the appeals. Can you please tell me what date

Print Name:

Korey Conway

Block & Cell No.

J, 147

Signed:

Korey Conway

REPLY:

time and what #'s were placed on the last Grievance Appeal?

This is the only Grievance from in your file

Date/Time Returned:

8/23/07  
1230 hrs

Signed:

Sgt Daniels